



STATE OF MARYLAND
DEPARTMENT OF LABOR
ELEVATOR SAFETY REVIEW BOARD
100 SOUTH CHARLES STREET, TOWER 1
BALTIMORE, MD 21201
FAX: 410-244-0977
TTY USERS CALL MARYLAND RELAY SERVICE
E-MAIL: dloplevssafetyreview-labor@maryland.gov

FOR OFFICE USE ONLY	
Date received:	_____
Approved:	_____
Denied:	_____
Reason:	_____
Reg. No.:	_____

APPLICATION FOR ACCESSIBILITY LIFT MECHANIC LICENSE

1. APPLICANT INFORMATION

Last Name	First and Middle Name	Date of Birth (MM/DD/YY)	Birth City/State	Social Security No.
Residence address (street, city, state, and zip code)			Home () -	Work () -
County	Time in the Accessibility Trade	E-mail address	Fax () -	Cell or Other () -

2. APPLICATION LICENSE & FEE

Upon Board Approval, you must submit a \$25 non-refundable application fee and a \$125 licensing fee. Please make your check or money order payable to the Elevator Safety Review Board Fund. Do not send your fees with this application.

3. PROOF OF ELIGIBILITY

You, the applicant, must have one of the following qualifications to apply for your accessibility lift mechanic license. Provide documentation for the following options (Check one):

OPTION 1: You have an acceptable combination of documented experience and education credits completed, with at least 3 years of recent and active work experience in the accessibility lift industry in construction, maintenance, and service or repair, as verified by current and previous employers. You wish to take the written examination administered by the Board on the safety code; or

OPTION 2: You have an acceptable combination of documented experience and education credits, with at least 3 years of recent and active work experience in the accessibility lift industry, in construction maintenance, and service or repair, as verified by current and previous employers. You have a certificate from an organization providing an education program from the accessibility industry, such as the Certified Accessibility Technician (CAT) Program or an equivalent program; or

OPTION 3: You have a certificate of completion of an apprenticeship program for accessibility mechanics that has standards substantially equivalent and is registered with the Bureau of Apprenticeship and Training of the US Department of Labor or a State Apprenticeship Council.

4. BACKGROUND INFORMATION

1. Have you ever been convicted of a felony or misdemeanor in any State or Federal Court? Yes No

2. Have you ever had this license denied, suspended, or revoked by Maryland or any other State? Yes No

If you answered "YES" to any of the above questions, please provide details on a separate sheet of paper and a true test copy with this application. Failure to provide this information may result in the refusal of the Board to issue you a license.

5. CERTIFICATION

I hereby certify, under penalty, that all information contained herein is true and correct to the best of my knowledge, information, and belief. I further authorize the release of any information contained within this application to an authorized representative of the Department of Labor for further investigation. I further certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Department of Labor or have provided for payment in a satisfactory manner to the unit responsible for collection.

Signature	Date (MM/DD/YY)
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